

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION  
FOR



FLORIDA DEPARTMENT OF STATE  
**Glenda E. Hood**  
Secretary of State  
DIVISION OF CORPORATIONS

*File for*

DOCUMENT # **P99000104353**

1. Corporation Name

**MMJ SERVICES, INC.**

FILED

03 OCT 13 AM 10:59

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

Principal Place of Business

Mailing Address

12310 STATE ROAD 64 EAST  
BRADENTON FL 34202

12310 STATE ROAD 64 EAST  
BRADENTON FL 34202

If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. New Principal Office Address, If Applicable

**10305 Revell Road**

Suite, Apt. #, etc.

3. New Mailing Office Address, If Applicable

**10305 Revell Road**

Suite, Apt. #, etc.

City & State

**Duette FL**

Zip Country

**33834 USA**

City & State

**Duette FL**

Zip Country

**33834 USA**

4. Date Incorporated or Qualified  
To Do Business in Florida

**12/02/1999**

5. FEI Number

**65-0965200**

Applied For

**65-3865200**

Not Applicable

6.

CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required  
for a Certificate of Status

7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

Title(s) 1	Name of Officers and/or Directors 2	Street Address of Each Officer and/or Director 3	City / State / Zip 4
PD	JOHNSON, SHERYLL C	12310 STATE ROAD 64 EAST	BRADENTON FL 34202
STD	JOHNSON, EARL B	12310 STATE ROAD 64 EAST	BRADENTON FL 34202

*03 UBR*

8. Name and Address of Current Registered Agent

WOOD, BRENDA E  
4509 BEE RIDGE ROAD  
STE C  
SARASOTA FL 34233

9. Name and Address of New Registered Agent

Name

**Sheryll C. Johnson**

Street Address (P.O. Box Number is Not Acceptable)

**10305 Revell Road**

Suite, Apt. #, Etc.

City

**Duette**

State

**FL**

Zip Code

**33834**

10. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 607.0505, F.S. or 617.0505, F.S.

Signature of  
Registered Agent

*Sheryll C. Johnson*

REGISTERED AGENT MUST SIGN

Date **10-10-03**

11. I certify that I am an officer or director or the receiver or trustee empowered to execute this application as provided for in chapter 607 or 617, F.S. I further certify that when filing this reinstatement application, the reason for dissolution has been eliminated, the corporate name satisfies the requirements of section 607.0401 or 617.0401, F.S., that all fees owed by the corporation have been paid and the names of individuals listed on this form do not qualify for an exemption under section 119.07(3)(i), F.S. The information indicated on this application is true and accurate, and my signature shall have the same legal effect as if made under oath.

SIGNATURE:

*Sheryll C. Johnson*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

**10-10-03**

Daytime Phone #

CR2E040 (7/03)

Page 2

On April 5<sup>th</sup>, 2003 I filed my corporate report.

On April 14<sup>th</sup> I received a notice that my report wasn't signed by my registered agent. On April 15<sup>th</sup> I had

the report signed and mailed back. I am sending another report with amended FEI number and my agents signature again.

Thank you,  
Sheryl Johnson

MIM Services, Inc  
FEI # 65-0965-200